

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) MAKING MAINE GREAT AGAIN		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00623470 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee ATLANTIC COAST RADIO			Date of Public Distribution/Dissemination		
Mailing Address WARREN AVENUE			<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M / D D / Y Y Y Y Y Y </div>		
City PORTLAND	State ME	Zip Code	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> 2405.00 </div>		
Purpose of Expenditure RADIO ADS FOR FUNDRAISER		Category/Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">004</div>	Transaction ID : SE.4210 Date of Disbursement or Obligation		
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016		
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> 2884.67 </div>			<input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee DANWAL, INC			Date of Public Distribution/Dissemination		
Mailing Address			<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M / D D / Y Y Y Y Y Y </div>		
City	State TX	Zip Code	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> 2000.00 </div>		
Purpose of Expenditure SIGNS		Category/Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">004</div>	Transaction ID : SE.4211 Date of Disbursement or Obligation		
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016		
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> 12184.67 </div>			<input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> 4405.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SHEEHAN, JULIE, ANNE, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 06 / 2017

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) MAKING MAINE GREAT AGAIN		FEC IDENTIFICATION NUMBER ▼ C C00623470
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee DANWAL, INC		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount 4954.00
City TX	State TX	Zip Code
Purpose of Expenditure SIGNS	Category/ Type 004	Transaction ID : SE.4212 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2016
Name of Federal Candidate TRUMP, DONALD, , ,		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee DREAM LOCAL		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount 2000.00
City ROCKLAND	State ME	Zip Code
Purpose of Expenditure SOCIAL MEDIA	Category/ Type 004	Transaction ID : SE.4207 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2016
Name of Federal Candidate CLINTON, HILLARY, , ,		Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6954.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) MAKING MAINE GREAT AGAIN		FEC IDENTIFICATION NUMBER ▼ C C00623470	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DREAM LOCAL		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount 2650.00	
City ROCKLAND	State ME	Zip Code	Transaction ID : SE.4209
Purpose of Expenditure SOCIAL MEDIA ADVERTISING		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2016
Name of Federal Candidate CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		7534.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee DREAM LOCAL		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount 2650.00	
City ROCKLAND	State ME	Zip Code	Transaction ID : SE.4208
Purpose of Expenditure SOCIAL MEDIA		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 12 / 2016
Name of Federal Candidate CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		10184.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5300.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee FACEBOOK ADVERTISING		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address BLANK		Amount 250.03	
City BLANK	State CA	Zip Code	Transaction ID : SE.4206
Purpose of Expenditure BOOST FACEBOOK PAGE		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 29 / 2016
Name of Federal Candidate CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 250.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee FACEBOOK ADVERTISING		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address BLANK		Amount 229.64	
City BLANK	State CA	Zip Code	Transaction ID : SE.4205
Purpose of Expenditure BOOST PAGE		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016
Name of Federal Candidate CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 479.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	479.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	17138.67

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